| .Under the Pape | ATENT APPI | | | | nd to | a collection of | information un | iess it dis | DEPARIMENT Plays a valid OME | control number. | |
|--|--|----------------|----------------------------------|--------------------|------------|-------------------------|------------------------|-------------|---------------------------------------|------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | | 10/092, 247 | | |
| CLAIMS AS FILED (Column 1) | | | PART I (Column 2) | | | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | | |
| FOR BASIC FEE | | NUMBER FILED | | NUMBER EXTRA | | RATE | · · FEE · | 7 | RATE | . EEC. | |
| (37 CFR 1.16(a)) | | <u> </u> | | | <u></u>]. | | \$ | OR | | FEE | |
| STICER 1 18fc": "JEPENDENT CLAMS - | | minus 20 = 1 · | | | | .:_ | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | = - | |
| 57 CCC 4 4 CA 13 | | minus | 3 = | | | x s = | 1 | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | | | | | | | OR | X * - | | |
| the difference in column 1 is less than zero, enter C in column 2 | | | | | | . + 5 = | | OR | + 5 - = | <u> </u> | |
| • • • | | | | | | TOTAL | L | OR | TOTAL . | ··· | |
| 1 10 | CLAIMS AS A | MENDE | D – PART II | | | | | | : | | |
| 1-100 | (Column 1) | · . | (Column 2) | (Column 3) | 7 | SMALL | ENTITY | OR | OTHE | R THAN ENTITY | |
| I Total (37 CFR 1.18(a)) Independent (37 CFR 1.18(b)) | REMAINING AFTER AMENDMENT | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | 1 | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL | |
| Total (37 CFR 1.15(c)) | 1. /6 | Minus | 30 | 2 | 1 | X 5 = | | ļ | / | FEE | |
| Independent (37 CFR 1.16(5)) | 4 | Minus | 9 | = / | 1 | X \$ = | | OR | X S= | | |
| FIRST PRESE | NTATION OF MULTIF | LE DEPEND | DENT CLAIM 137 C | | 1 | | | J.R | X \$= | | |
| 11511 | 3/10 | | | | اد | -C-al | · | 7 | TOTAL | | |
| | <i>'</i> | • • • | • • | · · · · · · | | ADDEFEE | | , OR | TOTAL ADDIT FEE | / | |
| <u></u> | (Column 1) | | (Column 2) | (Column 3) | | <u> </u> | · /. | | | / | |
| Total (37 CFR 1.15(c)) Independent (37 CFR 1.16(b)) | REMAINING AFTER AMENDMENT | 1 | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE. | ADDI- TOHAL | ٠. ٠ | RATE | ADDI- TIONAL | |
| Total (37 CFR 1,15(c)) | | Minus | | = | | | FEE | | - | FEE | |
| Z Independent (37 CFR 1.18(b)) ² | • • • • | · Minus | | .= | | X \$= | | OR | x s= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | | x s= | | OR | x s= | | |
| | | | . (37 C) | FR 1.16(d)) | Ĺ | + s. = . | | OR · | + \$= | | |
| • | | | | • | | ADD'L FEE | | OR | · ADD'L FEE | | |
| | 1 200 | | Calcada, | 5.5. | _ | | | | _ | | |
| Total (37 CFR 1.16(a)) Independent (37 CFR 1.16(b)) | REMAINING AFTER AMENDMENT | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL | | RATE | ADDI- TIONAL | |
| Total (37 CFR 1.16(c)) | • | Minus | •• | = | 卜 | | FEE | | | FEE | |
| Independent (37 CFR 1.16(b)) | | Minus | *** | = | 上 | X S = | | OR | X S= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 15(0)) | | | | | | X §= | | OR | x s= | | |
| T COST CHOCKI CEARM (37 CFN 1 IS(c)) | | | | | | † <u>s</u> = TOT40 | | OR | + 5 = | | |
| " If the entry in o | column 1 is less tha | n the entry | in column 2 week | a O m galerie * | | EE L | | Civ | TOTAL ADDIL FEE | | |
| " If the "Highest | Number Previously Number Previously umber Previously F mation is required | Paid For | IN THIS SPACE | s less than 20, e | nter | 50 | _ | | | | |
| ollection of infor | mation is required: | GIU FOI (I | oral or independe | ent) is the highes | : nui | nber found in th | e appropriate | box in col | huma 1 | i | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, any comments on the amount of time your require to complete this form and/or suggestions for reducing this billing should be sent to the Clief Information Officer V.S. Pater and Trademark Office. U.S. Department of Commerce, P.O. Box 1450 Alexandria VA 22313-1450.

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